



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alain Schweitzer

Confirmation No.: 6630

Serial No.: 10/773,495

Group Art Unit: 2829

Filed: 02/06/2004

Examiner: Emily Chan

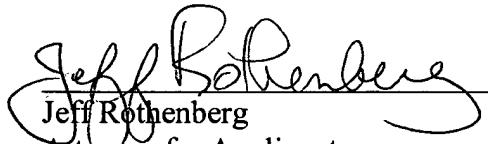
Title: Tool Wear and/or Breakage Control Device for a Machine Tool

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attention: Official Draftsperson

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 27, 2005.



Jeff Rothenberg  
Attorney for Applicant

Date of Signature: May 27, 2005 Reg. No. 26,429

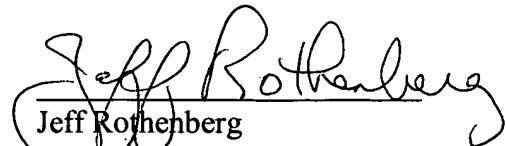
COMMUNICATION

Dear Sir:

Enclosed herewith are three (3) sheets of replacement drawings for the above-reference application.

Entry and approval of these drawings is respectfully requested.

Respectfully submitted,

  
Jeff Rothenberg  
Reg. No. 26,429  
Attorney for Applicant

Dated: 5/27/05

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**AMENDMENT TRANSMITTAL LETTER (Small Entity)**

Applicant(s): Alain Schweitzer

Docket No.

1759.153

Application No. 10/773,495	Filing Date 02/06/2004	Examiner Emily Chan	Customer No. 23405	Group Art Unit 2829	Confirmation No. 6630
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Invention: **TOOL WEAR AND/OR BREAKAGE CONTROL DEVICE FOR A MACHINE TOOL**COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

Applicant claims small entity status. See 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

No additional fee is required for amendment.

Please charge Deposit Account No. in the amount of

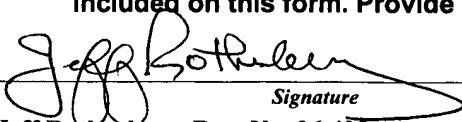
A check in the amount of to cover the filing fee is enclosed.

The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No.

- Any additional filing fees required under 37 C.F.R. 1.16.
- Any patent application processing fees under 37 CFR 1.17.

Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**



Signature

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Dated: May 27, 2005

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(Date)



Signature of Person Mailing Correspondence

Jeff Rothenberg

Typed or Printed Name of Person Mailing Correspondence

cc: